

STATE OF ALASKA LETTER OF INTENT
WRITE-IN CANDIDATES FOR STATE SENATOR or STATE REPRESENTATIVE

Check one: My **Financial Disclosure Statement** is (1) ____ Enclosed **OR** (2) ____ On file with the Alaska Public Offices Commission

NOTE: Candidates selecting option 2, are encouraged to contact APOC prior to filing to ensure they have a current *Public Officials (Non-incumbents) or Legislative (Incumbents) Financial Disclosure Statement* on file with APOC.

GENERAL INFORMATION (Please print or type)

I, _____, am a qualified voter as required by law and declare myself to be a resident of Alaska and of the District for which I declare my candidacy for the office of (check one):

__ **STATE SENATOR** for District ____ - **OR** - __ **STATE REPRESENTATIVE** for District ____

I am a write-in candidate for the **November 2, 2010 General Election** ballot.

I am registered under and am a candidate of the _____ political party **OR**
(Party Name)

I am a candidate of the _____ political group **OR** ____ (Please Check) I am not affiliated
(Group Name) with a political group or party

RESIDENCY INFORMATION

My current Alaska residence address is: _____, AK _____
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since _____, _____.
(MM/DD) (YY)

Previous address if you have lived at your current address less than one year:

_____, Alaska _____
(Previous Residence Address) (City) (Zip)

I have been a resident of Alaska since _____, _____, and a resident of the Election District for which I am seeking office since:
(MM/DD) (YY)

_____, _____. My mailing address is: _____
(MM/DD) (Year) (Mailing Address) (City) (State) (Zip)

I am requesting voters to write my name as follows:

_____, _____, _____, _____
(Last Name) (First Name) (MI) (Nickname and/or Suffix)

CERTIFICATION

I, the undersigned, certify that the information in this *Letter of Intent* is true and complete, and that I meet the specific residency and citizenship requirements of this office. If I am filing for State Representative, I further certify that I shall be at least 21 years of age on the first scheduled day of the first regular session of the legislature convened after the election. If I am filing for State Senate, I further certify that I shall be at least 25 years of age on the first scheduled day of the first regular session of the legislature convened after the election. I am not a candidate for any other office to be voted upon at the General Election, nor am I a candidate for this office under any other *Declaration of Candidacy* or *Nominating Petition*.

(Candidate's Signature)

(Date)

(Home Phone)

(Work Phone)

To assist staff in verifying candidate / voter identification
please provide one of the following:
SSN, ADL, Voter # or DOB: _____

THE DIVISION OF ELECTIONS MUST RECEIVE THIS FORM NO LATER THAN THURSDAY, OCTOBER 28, 2010

RETURN THIS FORM TO: DIVISION OF ELECTIONS, PO BOX 110017, JUNEAU, AK 99811-0017